

**ROBERT P. CASEY, JR.**  
PENNSYLVANIA

COMMITTEES:  
AGRICULTURE, NUTRITION,  
AND FORESTRY  
FINANCE  
HEALTH, EDUCATION,  
LABOR, AND PENSIONS  
SPECIAL COMMITTEE ON AGING

**United States Senate**  
WASHINGTON, DC 20510

January 11, 2019

Mr. David L. Holmberg  
President and CEO  
Highmark Health  
Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222

Mr. Jeffrey A. Romoff  
President and CEO  
University of Pittsburgh Medical Center  
U.S. Steel Tower  
600 Grant Street  
Pittsburgh, PA 15219

Dear Mr. Holmberg and Mr. Romoff:

Since 2011, when the relationship between Highmark Health and the University of Pittsburgh Medical Center (UPMC) began to change, my primary concern has always been the impact of the changes on patients and Medicare beneficiaries in Western Pennsylvania. As I have observed the Annual Enrollment Period and the current Medicare Advantage Open Enrollment Period, and the subsequent expiration of the consent decree that has been in place for some time, I am very concerned about a significant lack of clarity regarding health coverage and costs for those residing in Western Pennsylvania. Accordingly, I write today to request information pertaining to additional efforts you are undertaking – and plan to undertake – to ensure that seniors and people with disabilities in the region are fully aware of all changes to their coverage and provider networks in a timely manner.

Specifically, I understand that there are still outstanding issues that need to be resolved before seniors and people with disabilities across Western Pennsylvania can truly have a complete picture of which physicians and facilities will be in-network or out-of-network beginning on July 1, 2019. While it would have been best to have these issues resolved ahead of the start of the Annual Enrollment Period on October 15, 2018, that did not occur. The ensuing weeks have only added to the confusion Western Pennsylvania Medicare beneficiaries have faced. As you know, the Medicare Advantage Open Enrollment Period began at the start of this month and runs through March 31, 2019. This is the last guaranteed opportunity a beneficiary will have to make a change to their coverage and ensure they are in the best plan to meet their health care needs for the remainder of 2019. I urge you both to work constructively and expeditiously to bring closure

to outstanding issues and update all relevant public documents so that beneficiaries have certainty in their coverage and choice of provider. Over 100,000 seniors and people with disabilities are impacted by this matter and these Pennsylvanians should be provided with the information they need in order to obtain the best health care possible.

To that end, I request the following information:

- What information have you communicated to beneficiaries and patients about ongoing negotiations so they clearly understand their current provider networks will not be guaranteed after July 1, 2019?
- What information do you intend to provide to beneficiaries and patients once negotiations are finalized and all outstanding issues are resolved?
- How many individuals do you plan to employ to ensure that seniors and people with disabilities have access to clear and concise information about the changes being discussed?
- How do you plan to ensure that seniors and people with disabilities are aware of the resources available to them to help them make unbiased decisions about their coverage?
- What other mechanisms do you plan to put in place to limit disruption?
- What actions do you plan to take to ensure that information provided to beneficiaries is consistent across both your organizations?

I also urge you to consider requesting that CMS designate a Special Enrollment Period for Medicare beneficiaries once negotiations conclude. An announcement like this will help address concerns that seniors and people with disabilities may be trapped in coverage that is different from what they initially selected.

Given the urgency of this matter and the significant impact on families across Western Pennsylvania, I request a response to the above questions from each of you by January 21, 2019. If you have any questions, or would like to discuss, please do not hesitate to contact me.

Sincerely



Robert P. Casey, Jr.  
United States Senator

CC: Ms. Seema Verma, Administrator, the Centers for Medicare and Medicaid Services  
Mr. Demetrios Kouzoukas, Principal Deputy Administrator and Director of the Center for Medicare, the Centers for Medicare and Medicaid Services